

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	0977190	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	0	↓	↓	↓		
TOTAL CLAIMS	1	0	0	0	0	0

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS	1	0	0	0	0	0

Available Copy